

**APPLICATION DATA SHEET****Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?: No

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: ASSESSMENT OF COGNITIVE IMPAIRMENT

Attorney Docket Number:: 671096.404USPC

Request for Early Publication?: No

Request for Non-Publication?: No

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?: Yes

Petition included?: No

Petition Type::

Licensed U.S. Gov't Agency::

Contract or Grant No::

Secrecy Order in Parent Appl.?: No

**First Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Gregory
Middle Name::	
Family Name::	YELLAND
Name Suffix::	
City of Residence::	Glen Waverley
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	17 Corunna Court
City of mailing address::	Glen Waverley
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3150

**Second Applicant Information**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Australia
Status::	Full Capacity
Given Name::	Stephen
Middle Name::	
Family Name::	ROBINSON
Name Suffix::	
City of Residence::	Glen Waverley
State or Province of Residence::	
Country of Residence::	Australia
Street of mailing address::	28 Penington Avenue

City of mailing address:: Glen Waverley  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 3150

**Third Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Timothy  
Middle Name::  
Family Name:: FRIEDMAN  
Name Suffix::  
City of Residence:: McKinnon  
State or Province of Residence::  
Country of Residence:: Australia  
Street of mailing address:: 38 McKinnon Road  
City of mailing address:: McKinnon  
State or Province of mailing address::  
Country of mailing address:: Australia  
Postal or Zip Code of mailing address:: 3204

**Fourth Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Australia  
Status:: Full Capacity  
Given Name:: Christopher  
Middle Name::  
Family Name:: HUTCHISON

Name Suffix::

City of Residence:: Hampton

State or Province of Residence::

Country of Residence:: Australia

Street of mailing address:: 9 Margarita Street

City of mailing address:: Hampton

State or Province of mailing address::

Country of mailing address:: Australia

Postal or Zip Code of mailing address:: 3188

**Correspondence Information**Correspondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		<b>00500</b>
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**Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/AU2004/000008	01/07/04

**Foreign Priority Information**

Country::	Application number::	Filing Date::	Priority Claimed::
Australia	2003900035	01/07/03	Yes

**Assignee Information**

Assignee name::	Monash University
Street of mailing address::	Clayton Road
City of mailing address::	Clayton
State or Province of mailing address::	
Country of mailing address::	Australia
Postal or Zip Code of mailing address::	3168

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